

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27286

State File No.

FILLED SEP 12 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2944

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3217 Prospect  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution, 14 Yrs. (Specify whether years, months or days)  
In this community 14 Yrs.

3. (a) PRINT FULL NAME Frances M. Jenkins

3. (b) If veteran, name war no. 3. (c) Social Security No. No.

4. Sex Fe. / 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife J.A. Jenkins 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Feb. 2nd. 1858  
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Clark Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

MOTHER FATHER { 12. Name J. J. Price  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Kinman Elizabeth  
15. Birthplace Pa.  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Charlotte T. Price  
(b) Address 3217 Prospect K.C. Mo.

17. (a) Removal (b) Date thereof Aug. 5-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cheyenne - Wells Colo.  
Eylar Funeral Home

18. (a) Signature of funeral director 1800 Linwood K.C. Mo.  
(b) Address 8/4/41

19. (a) 8/4/41 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 1/8  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. 3217 Prospect  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3  
year 1941 hour 6 minute 15 P.

21. I hereby certify that I attended the deceased from June 8 1941 to Aug 2 1941  
that I last saw her alive on Aug 2 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death 1 Cerebral and generalized arteriosclerosis. 2 Chronic myocardosis and chronic quiccular fibrillation. 3 Senility. 4 Contributory cause: Fracture of left femur 2 weeks before death.  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none done 1860  
Of autopsy none done 38  
PHYSICIAN —  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident - fell in her own home June 7/1941 and badly fractured left femur.  
(b) Date of occurrence  
(c) Where did injury occur? fell on floor of her own home K.C. Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place) (e) Means of injury just fell

23. Signature Harvey Jennett (M. D. or other) MD  
Address Kansas City, Mo Date signed 8-4-41

Dr. Henry Bennett Bryant 1845  
V. 1300.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Chas W. Wilks

Licensed Embalmer No.....

2644

P. O. Address.....

1800 Greenwood

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**